MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

18 6

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

CLAIM	AS FILED IND	AS FILED DEP	AFTER 1ST AMENDMENT IND	AFTER 1ST AMENDMENT DEP	AFTER 2ND AMENDMENT IND	AFTER 2ND AMENDMENT DEP
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8		3				
9		3				
10		3				
11		3				
12		3				
13		3				
14		1				
15	1					
16	1					
17		1				
18		1				
19		1				
20		1				
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22		2				
23		3				
24		2				
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	36					
TOTAL CLAIMS	40					

CLAIM	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						